

# Chapter One: Overview of Crisis Response

## I. Introduction

“The End of the World”

*Quite unexpectedly, as Vasserot  
The armless ambidextrian was lighting  
A match between his great and second toe,  
And Ralph the lion was engaged in biting  
The neck of Madame Sossman while the drum  
Pointed, and Teeny was about to cough  
In waltz-time swinging Jocko by the thumb  
Quite unexpectedly the top blew off:*

*And there, there overhead, there, there hung over  
Those thousands of white faces, those dazed eyes,  
There in the starless dark, the poise, the hover,  
There with vast wings across the cancelled skies,  
There in the sudden blackness the black pall  
Of nothing, nothing, nothing – nothing at all.*

This description by Archibald MacCleish of the outbreak of World War I is emblematic of the threat, impact, and trauma of disaster. Humans are confronted with the meaninglessness of their existence and the loss of their family, friends, and community resulting from an episode of sudden, unexpected cataclysmic violence. Understanding the nature of each event, and human interpretations of traumatic events in general, is critical to ability to respond and assist those who survive such catastrophes.

## II. Definitions

- A. *Trauma*:** “Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life.” Judith Herman, *Trauma and Recovery*, 1993
- B. *Individual trauma*:** a “blow to the psyche that breaks through one’s defenses so suddenly and with such force that one cannot respond effectively.” Kai Erickson, *In the Wake of A Flood*, 1979.
- C. *Collective trauma*:** a “blow to the tissues of social life that damages the bonds attaching people together.” Kai Erickson, *In the Wake of A Flood*, 1979.
- D. *Disaster*:** “anything ruinous or distressing that befalls; a sudden or great misfortune or mishap; a calamity.” Beverly Raphael, *When Disaster Strikes*, 1986. Used in this manual synonymously with “catastrophe,” “tragedy,” and “community crisis.”
- E. *Community*:** A group of individuals who are interconnected through emotional, intellectual, or physical bonds.
- F. *Natural communities*:** Communities bound together through time by common attributes, affiliations, activities, experiences, and values. The bonds may be established through geographical proximity, profession, employment, education, religion, and so forth.
- G. *Transitory communities*:** Communities bound together at one point in time by a highly charged emotional event. The event may be positive or negative. Traumatic events spawn such communities (for example, among the passengers on a train and their families) and establish new social connections that may transcend natural communities.

*[Trauma that afflicts entire communities are a] new species of trouble ... that can be harder to recover from. ... These disasters tear the fabric of the community itself, and people come to feel they can't trust anyone or anything, even the environment, in general. It's horrifying – you can't be more alone.*

– Kai Erickson in “The Pathways of Pain,”  
*Yale Alumni Magazine*, March, 1995

### III. Scope of Catastrophes

It is hard to determine realistically the scope or frequency of worldwide traumatic events. However, the following estimates may be helpful in attempting to understand the devastation that confronts us every year.

**A. Between 1967 and 1991 disasters around the world killed 7 million people and affected 3 billion others.**

**B. It is estimated that in the United States almost two million households annually experience damages and/or injuries from fires, floods, hurricanes, tornados, and earthquakes.**

1. 2.4 million fires occur each year, causing at least 6,000 deaths, hundreds of thousands of injuries, and billions of dollars in property damage. Despite a drop in recent years, the U.S. rate of fire-caused deaths is the highest of the industrialized nations. Every year fires consume an average of 130,051 acres in California. With the fires that began on November 2, 1993, the 1993 toll came to over 230,000 acres and destroyed some 700 buildings, with a cost of over \$550 million. The fires left about 25,000 Californians homeless.
2. Deaths caused by flooding in the United States have averaged about 200 annually since 1970, and property losses have reached over \$4 billion per year.

3. Earthquakes are among the deadliest of natural catastrophes. The average death toll in the 20th century has been 20,000 people annually. On June 20, 1990, an earthquake registering 7.7 on the Richter Scale caused 40,000 fatalities in Northwest Iran. On January 17, 1995, an earthquake in Kobe, Japan, caused some 7,000 casualties.
4. Hurricanes and cyclones have sustained winds of at least 75 miles per hour, and the winds in the eyewall may exceed 180 miles per hour. Tides exceeding 25 feet above sea level, and seismic sea waves which often accompany them are potentially the most catastrophic of all ocean waves. In 1991, a cyclone hit the delta region of Bangladesh with 145 mile-an-hour winds, floods, and 16-20 foot high water surges; 125,000 people were believed to have died. Hurricane Andrew in South Dade County, Florida, in 1992 killed more than 50 people and caused over \$80 billion in damages.
5. Tornados have their greatest incidence in North America, and the United States is notable for the incidence of severe tornados of scale 4 (devastating – wind speed of 207-260 mph) and scale 5 (incredible – wind speed of 261-318 mph).

### **C. Catastrophe caused by human error or brutality is also widespread**

1. War is the most devastating kind of catastrophe caused by human activity.
  - Between the end of World War II and 1990, there were 127 wars and 21.8 million confirmed war-related deaths worldwide.
  - The Red Cross estimates that, beyond these figures, there have been about 40 million people killed in wars or conflicts since World War II.
  - War causes death but also creates substantial property loss and displacement of lives. The number of refugees and internally-displaced persons grew from 30 million to 43 million during the period of 1990-1993.

2. Crime also wreaks havoc in terms of human destruction and financial loss.
  - The U.S. Department of Justice reports that 42,359,370 crimes took place in 1994. That is equivalent to 15,020 burglaries each day; 1,185 rapes, 3,557 robberies; and 25,009 assaults. Homicides averaged 110 each day.
  - In the same year, there were 3,163 incidents of bombing resulting in \$7.5 million in property damage, 308 people injured, and 31 deaths. It is significant that the year before, when the World Trade Center was bombed, those figures included 1,323 people injured, \$518 million in property damage, and 42 people dead. The Oklahoma City bombing in 1995 killed 168 people, and the number of people who met the criteria of “victim” – the injured and surviving relatives of those killed – reportedly was around 2,500.
  - There is little consistent data on the extent of crime and violence that takes place within families and which contributes to chronic trauma. Some have estimated that over 10,000 women are battered each day and 8,500 children are reportedly abused.
  - An often-ignored chronic form of disaster is that caused by drug distribution in the inner cities. While all residents of certain inner city neighborhoods are affected, children are probably of most concern. Some 2,000 children between the ages of 10-19 were murdered in 1988. Psychiatrist Carl Bell of the Community Mental Health Council of Southside Chicago highlighted a survey of 1,000 elementary and high school students that found 39% had reported seeing a shooting, 34% a stabbing, and 23% had witnessed a murder.
  - Extraordinary financial or property loss may also be experienced as a traumatic event. There is little data about the victimization rate of persons who are defrauded, but the U.S.

Justice Department's statistics hint at the scope of this kind of crime; in 1994, 876 defendants were charged with defrauding leading financial institutions.

3. Accidents are also a source of disaster in human life.
  - Between 1976-1986, there were 81 fatal crashes of commuter airplanes in the U.S., killing 384 people. In 1987, there were 35 fatal crashes with 58 dead, indicating a sharp increase, an increase which has continued over the last five years.
  - In 1991, more than 600 people were killed in over 5,300 vehicle-train crashes. In 1996, there were 4054 such collisions, 415 people died and 1554 more were injured. An additional 500 were killed while trespassing on railroad tracks and property. Today, a vehicle and train will collide approximately every 90 minutes in the United States, and at least one pedestrian is killed daily while trespassing on railroad property.

## IV. Creating a Healthy Growth Equilibrium

### A. Overview

This training manual uses the paradigm developed by Abraham Maslow to describe a humanistic psychological approach to understanding human behavior. That approach emphasized several concepts important for understanding the impact of trauma on individual lives.

1. Psychological health is based on action and implies consequences for the individual and community.
2. That health affects individuals' lives through its development in their private psyches and in their activities as members of their communities.
3. Certain basic needs must be sufficiently satisfied in healthy people such that they can grow towards the fulfillment of their potentials.
4. People are motivated by deficiencies in their basic needs or, if these are met sufficiently, an inner

compulsion to grow beyond current levels of capacities or experience.

5. The understanding of equilibrium in this schema should not be interpreted as a state of rest or static balance. The definition of homeostasis which means coming to an optimum level of activity might be more accurate.
6. Individual equilibrium might be described as fluctuating activities that maintain relative balance between internal adaptive capacities and external stressors. External stressors may be positive or negative. The positive effects of external stress as well as the growth of internal adaptive capacities helps individuals grow more resilient as well as have more opportunities to reach their human potentialities.

(Refer to Maslow, Abraham, *Motivation and Personality*, 3rd ed., New York: Harper & Row, 1987, and *Towards a Psychology of Being*, 2nd ed., New York: Van Nostrand Reinhold, 1968)

## **B. Maslow's "Basic Hierarchy of Human Needs"**

1. Survival needs (referred to by Maslow as physiological needs)

Survival needs refers to support and maintenance of bodily functioning. Individuals need warmth, shelter, oxygen, food, and water as well as the resources that allow rest and regeneration of energy to continue to live. They also need the internal resources that give them the will to live.
2. Safety and security

Safety and security addresses expanded needs of survival. There is a need to be able to live without the constant threat to livelihood and without immediate concerns with the terror that threats to life, community stability, and the lives of others who are loved may pose. Maslow includes references to freedom from fear, anxiety, chaos; and the need for structure, order, law, and limits.
3. Cognitive functioning

This element is not included in Maslow's hierarchy and may be perceived as a part of safety

needs but seems to emerge as a distinct need in response to crisis. The sense of safety and security must be established so that emotional turmoil can be defused. Only then can individuals begin to organize thoughts and emotions. Cognitive functioning includes the ability to maintain everyday life, the capacity to establish daily goals, and to understand those goals as well as what is needed to accomplish those goals.

4. Love and belongingness

The nature of love and belongingness is based in the need for human beings to have positive relationships with others. These relationships may be founded in family, friends or the community as a whole.

5. Self esteem and meaning (renamed “intellectual and spiritual growth” in this manual)

Once individuals have a sense of the parameters of belonging, they begin to measure themselves against the social and cultural precepts that prevail. Self esteem is developed in terms of external cultural norms as well as internal values. Self esteem developed internally is based on a sense of achievement, adequacy, mastery, independence or freedom. Self esteem is also generated by the esteem of others that is reflected by status, recognition, attention, dignity or appreciation. Individual and community values are based meaning systems generated through the interaction of culture, family, and individual interpretations of the world. If one is well grounded in a sense of security and belongingness, the exploration of one's own individual and community sense of esteem and values become possible.

6. Self-actualization

Maslow defines self-actualization as a time when the “powers” of an individual work together in an intensely efficient and enjoyable way. He or she is able to reach their “peak performance.” The person is more fully functioning, creative, in-

dependent of more primitive needs and more frequently fulfilling his or her potentials. It is critical to understanding Maslow's perspective that self-actualization is not a constant state but is episodic. The self-actualizing individual is one in which episodes of actualization occur more often and with greater intensity than others. Maslow refers to especially creative people, profoundly religious people, or people experiencing great insights as examples of those who are self-actualizing, although he makes it clear that anyone performing at his or her best is in a self-actualizing mode.

While Maslow's theories are described in a hierarchy of needs, it is emphasized that the growth process is not linear the hierarchy is not to be interpreted as a serial progression through different needs but a dynamic interaction of internal and environmental factors that can move forwards or backwards and is never complete. It is also important to recognize that the hierarchy is not separable, it is holistic and represents an integration of physical, mental, emotional and spiritual needs that is reminiscent of Eastern philosophies.

*"...most members of our society who are normal are partially satisfied in all their basic needs and partially unsatisfied in all their basic needs at the same time."* (Maslow, Motivation and Personality, 1987)

[See modified Maslow Hierarchy Chart on the next page.]

Participant's Notes

## Maslow's "Basic Hierarchy of Human Needs"



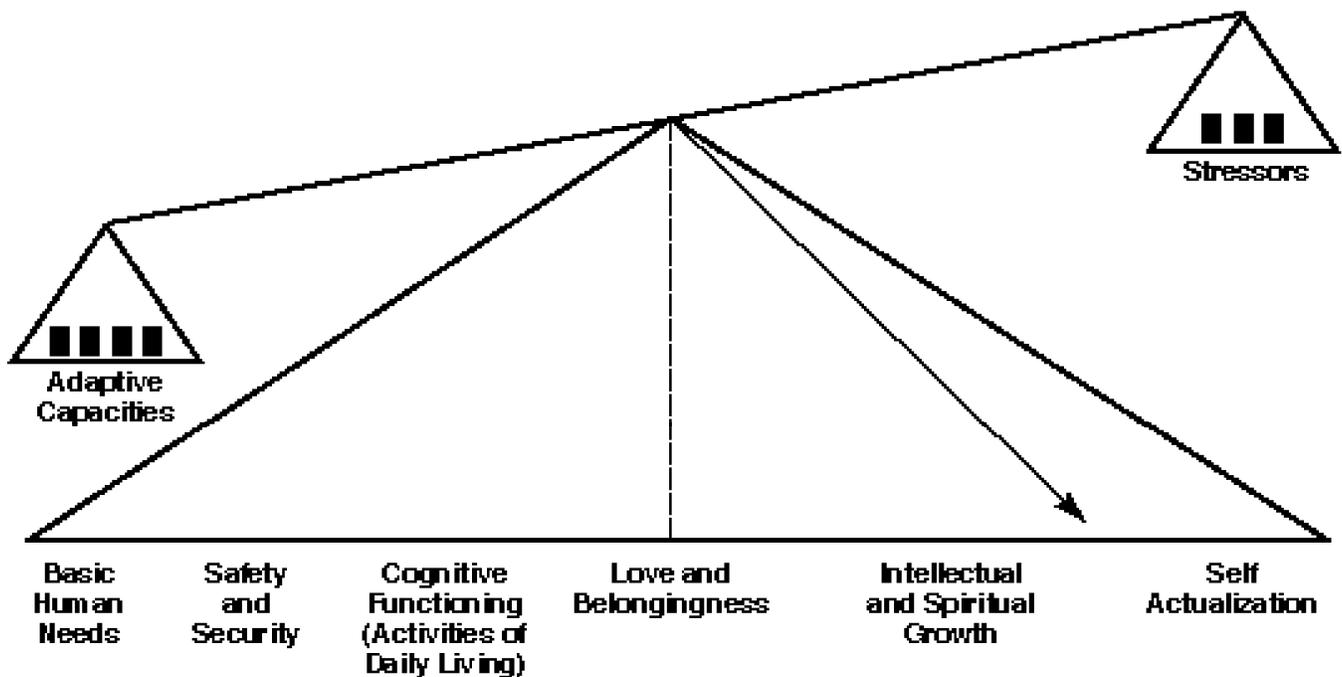
\*adaptation of the Maslow construct

Adapted from material developed by CDR Michael P. Dinneen, M.D., Ph.D., U.S. Navy

### C. The Maslow Hierarchy applied to routine or "well" functioning

This is displayed in the Chart on the next page.

## Well Functioning\*



### D. Critical adaptive capacities to daily life

The following adaptive capacities are intrinsic to the individual. They represent personal characteristics that individuals utilize to adapt to external and environmental stimuli. In one sense, they parallel the hierarchy of needs by amplifying the dynamic interaction. A person who is physically healthy and with full physical abilities is more likely to be able to withstand significant stresses that interfere with survival needs. If people are adequately satisfied in a majority of their physiological needs, they can focus more effort in addressing safety and security needs. In doing so, having the ability to understand and mobilize their emotional capacities, will increase their coping capacities in dealing with threats to that security.

1. Physical health
2. Physical abilities
3. Emotional capacities
4. Cognitive abilities
5. Education/experience
6. Ability to assess and access community or family support
7. Self-esteem
8. Spiritual connection
9. Personality

## **E. Stressors in routine life**

1. Concept of equilibrium  
Individuals routinely exist in a fluctuating state of equilibrium. This equilibrium is bounded by joys and sorrows and is marked by everyday crises and developmental or life-event stressors. Stressors tend to cause disequilibrium, but also promote learning, skills training, and new attitudes, and result in new states of equilibrium.
2. Sources of routine stressors include financial pressures, addiction, residual past trauma experiences, work dissonance, family discord, physical illness, time pressures and so forth.
3. When stressors occur, there is an engagement of adaptive capacities and previously-learned coping strategies.
4. The new equilibrium is accompanied by altered coping strategies – coping strategies may be positive or negative.
5. When adaptive capacities are highly functional and stressors are relatively mild, individuals usually have a sense of physical and mental safety and security, are connected with others, have the ability to achieve intellectual and spiritual growth, and engage in meaningful and purposeful activity.
6. When stressors are strong and adaptive capacities impaired, individuals may feel hopeless, reduce their levels of activity, withdraw from social contact, fail to maintain physical health, or have sustained thoughts of death or suicide.

**F. Symptomatology of individuals under stress**

The following are illustrations of symptoms of stress.

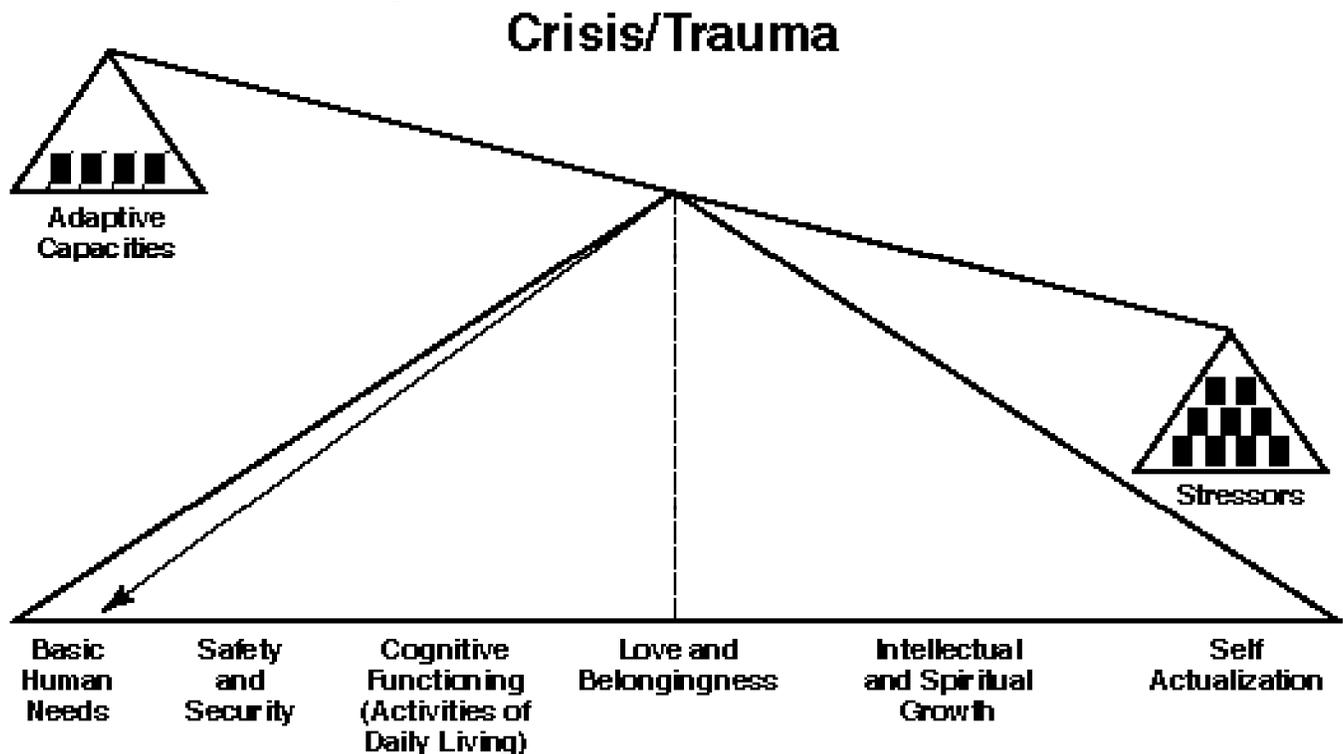
1. Cognitive symptoms
  - Negative outlook on the future
  - Anxiety in problem-solving
  - Disorganized with an inability to concentrate
  - Sluggish or hyperactive thought processes
  - Inability to “see the forest for the trees”
  - Inarticulateness or difficulties in connecting words to thoughts or feelings
  - Egocentrism
2. Emotional symptoms
  - Generalized distress
  - Anger or hostility
  - Depression that may reflect sadness or self-pity
  - Anxiety, fear or panic
  - Powerlessness
  - Undirected or directed guilt
  - Shame or self-disgust
3. Physical symptoms
  - Agitation and nervousness
  - Hyperalertness
  - Erratic or increased heartbeat
  - Difficulties breathing
  - Gastrointestinal distress
  - Interrupted sleep patterns or insomnia
  - Muscle tension or aches
  - Headaches
4. Social/behavioral symptoms
  - Substance abuse
  - Eating disorders
  - Constriction of activities
  - Inability to perform routine functions
  - Constriction of social connections
  - Deterioration of spiritual faith
  - Rigid adherence to or rejection of perceived cultural standards

Participant's Notes

## V. Trauma's Impact on Health and Growth

### A. Trauma overwhelms

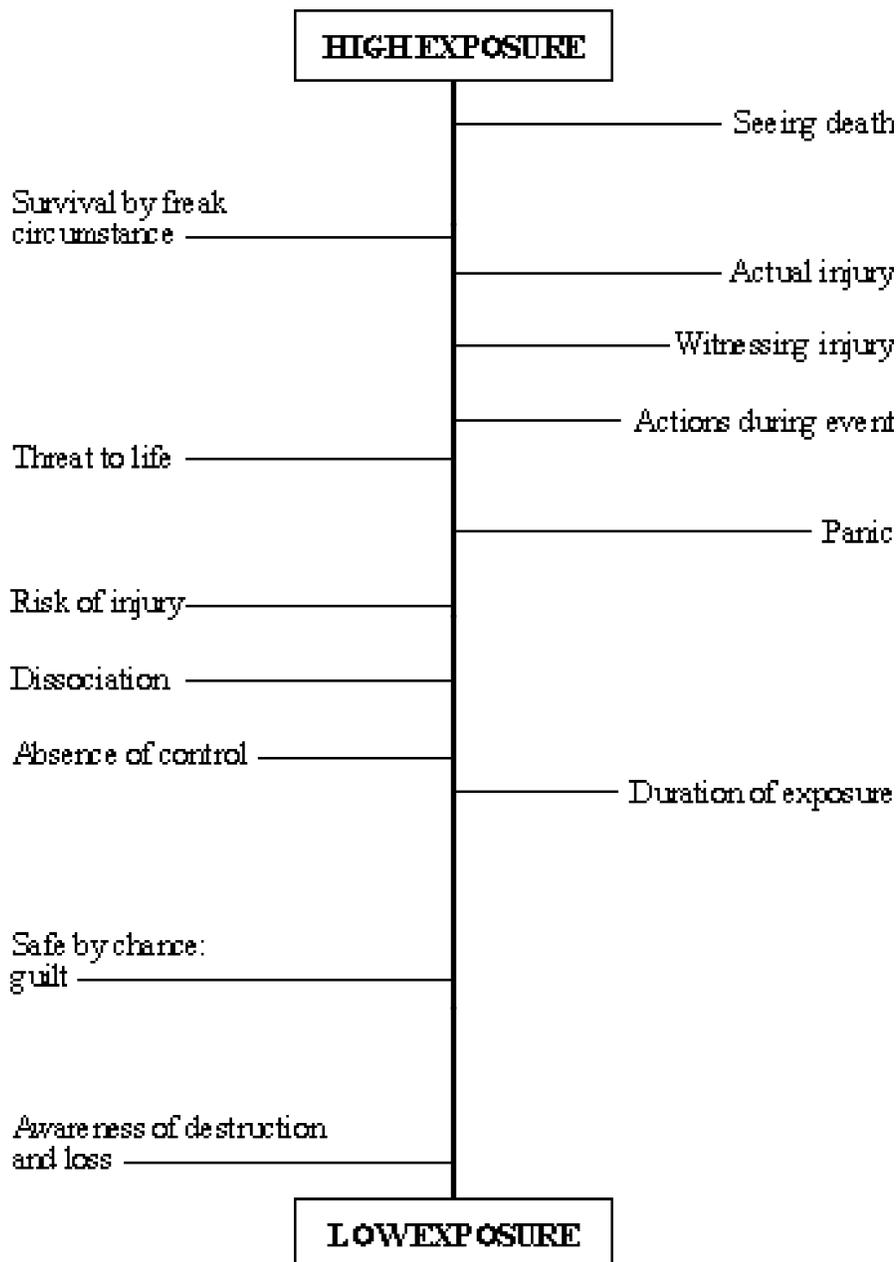
1. It injures or destroys a person's capacity to adapt (explained more in Chapter Two).
2. It adds to existing stress factors through internal and external crises – see the Chart below.



### B. Trauma dimensions

1. Perception of threat
  - a. Trauma is precipitated by a perception of the threat of danger to an individual or community.
  - b. Threat is perceived on a continuum of safety to danger. McFarlane and DeGirolamo illustrate the hierarchy of elements of traumatic experience with a range between low exposure (an awareness of destruction and loss) to high exposure (seeing one's own death). [See the Chart on the next page.]

## A Hierarchy of Element of Traumatic Exposure



— McFarlane A. and DeGirolamo, G., "The Nature of Traumatic Stressors and the Epidemiology of Posttraumatic Reactions," in van der Kolk, McFarlane, and Weisae th, eds., *Traumatic Stress*.

- b. Threats are perceived based on learned cognitions or emotional or sensory memory.
- c. Danger may be experienced in terms of:
  - Physical integrity – bodily danger or danger to extensions of the body, e.g., house, pets, personal belongings.
  - Physical integrity of loved ones.
  - Mental integrity – cognitive involvement in choice of exposure, understanding of context, acceptance of causal relationships or circumstances.
  - Emotional integrity – emotional control versus no control.
  - Community integration and integrity – community's interpretation of threat, support for potential victims, acceptance of event.
- d. Experiences or perceptions of threat or danger can be categorized into four types of traumatic stressor events. (Wilson, J.P., "The Need for an Integrative Theory of Post-Traumatic Stress Disorder," 1994.) They have been described as the following.
  - Type I: unanticipated single events beyond the range of normal daily stress (murder, suicide, accidents)
  - Type II: enduring and repetitive events (chronic abuse)
  - Type III: compounding effects of low-level, insidious stressor events (failures to have basic needs satisfied, chaotic environments experienced as normal)
  - Type IV: alterations in a person's basic relation to the environment (technological disasters)

Each type may cause variations in the pattern of traumatic reactions and their manifestations. Chapter Three of this text is devoted to more thoroughly understanding various issues associated with different types of traumatic stressor events.

2. Chronology and context of threat or harm during the traumatic event.

Chapter Three of this text also analyzes more thoroughly individual and community concerns associated with chronology and context because they are keys to organizing an understanding of what happened and its impact.

- a. The chronology of the events is examined in terms of an objective analysis of the patterns of disasters, as well as the possible emotional and cognitive interpretations as perceived by individuals.
- b. The context of the events is defined as including:
  - Sensory exposures
  - Spatial dimensions of the event and individual's involvement
  - Roles played by victims and community members in reacting and responding to the event

3. Extent of social disruption.

Social disruption after catastrophe is measured by the impact of the tragedy on the infrastructure of the community as well as the fragmentation of emotional ties between community members.

4. Potential for recurrence.

The impact of a traumatic event may also be affected by the interpretation of individuals and communities as to their safety in the future and the meaning of the event.

5. To understand trauma's dimensions, it is important to have some understanding of brain functioning, memory processing, and how traumatic events change ordinary functioning and processing to alter reactions, behaviors, and attitudes. As research and knowledge about brain functions increase, better information has developed on how to assist victims and survivors in processing traumatic events. This is addressed in Chapter Two.

### **C. Effect of secondary traumas and re-experiencing the event**

1. The re-experiencing of the event or the impact of “second injuries” can cause a pendulum effect on the process of recovery of a healthy equilibrium. Survivors may have made progress towards integration of the trauma into their lives only to be thrown back into crisis, needing reassurance of safety and security, and with new needs for ventilation and validation or post-trauma counseling.
2. Secondary traumas have been called “second injuries.” They are usually caused by external forces that have been activated by the original trauma. Common sources of secondary traumas are social institutions such as the criminal justice system or the media, caregiving professionals such as the clergy or health and mental health professionals, colleagues in schools or workplaces, and the reactions of family and friends.
3. Re-experiencing the event due to traumatic memories can be as traumatic as the first experience. Each time such re-experiencing happens, it reinforces the memory of the event and the traumatic reactions associated with it.

## **VI. Crisis and Trauma Interventions and Their Effects on Routine Equilibrium**

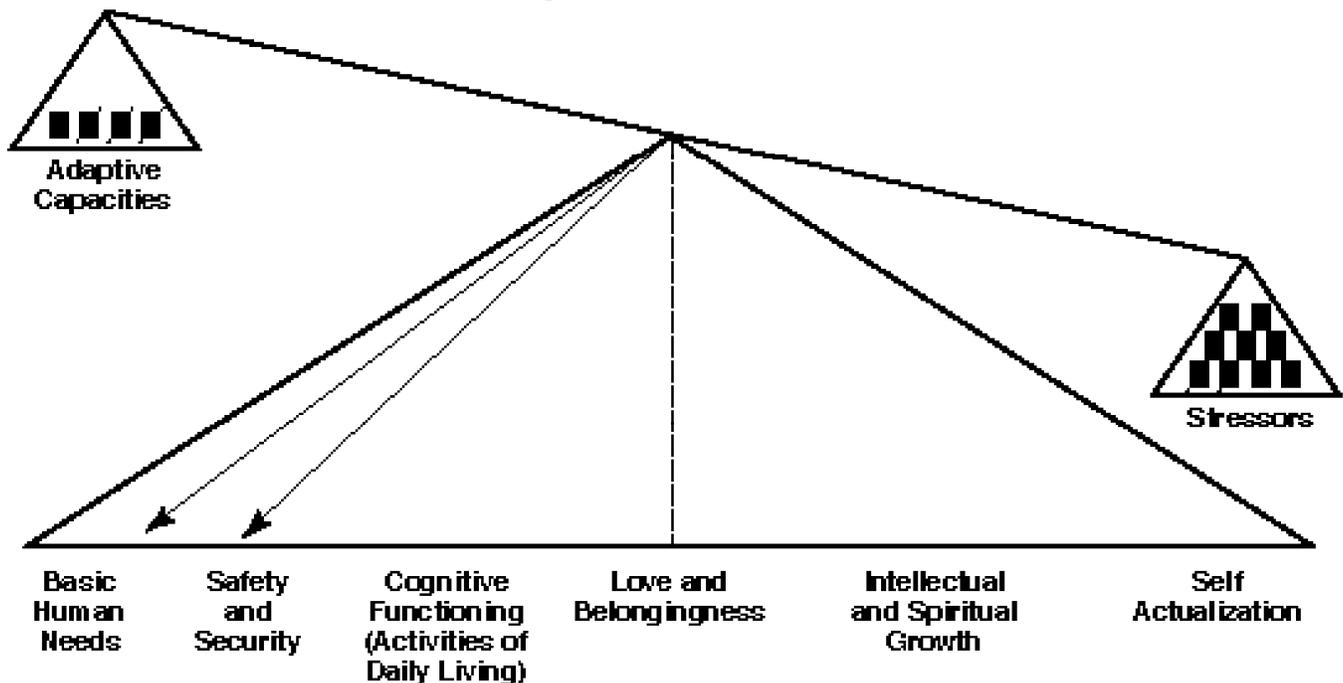
Crisis and trauma interventions as described in this text seek to outline useful methods to help victims to rebuild adaptive capacities, decrease stressors, and reduce symptoms of trauma. Their potential impact can be seen in the following review in terms of Maslow's Hierarchy. It should be remembered that the stages of response are not discrete. While each set of needs ranging from physiological or survival needs to self-actualizing needs must be satisfied to some degree before the next set of needs is significantly engaged, need satisfaction is dynamic and overlapping and while some basic needs may not be fully met, other needs are or can be addressed. So while efforts to provide physical rescue are primary after a disaster, they are accompanied by efforts to address needs primarily targeted by crisis inter-

vention. When physical rescue has been accomplished and crisis intervention becomes primary, that intervention may be accompanied by needs associated with post trauma counseling or self-development.

**A. First response: physical rescue**

1. Emergency response focuses on physical survival needs of individuals and communities.
2. Emergency response seeks to reduce acute traumatic stressors by providing medical care for the injured and shelter, food, or clothing for the displaced, and temporary protections against additional trauma impacts. It begins the effort of rebuilding physical adaptive capacities of well-being. [See Chart below.]

### First Response: Physical Rescue



**B. Second response: crisis intervention**

1. Crisis intervention techniques, in general, will be addressed in Chapter 6. Chapters 7 and 8 will then discuss the issues of trauma and crisis intervention techniques as they vary with age groups or cultures.
2. Crisis intervention addresses:
  - Safety and security (S & S)

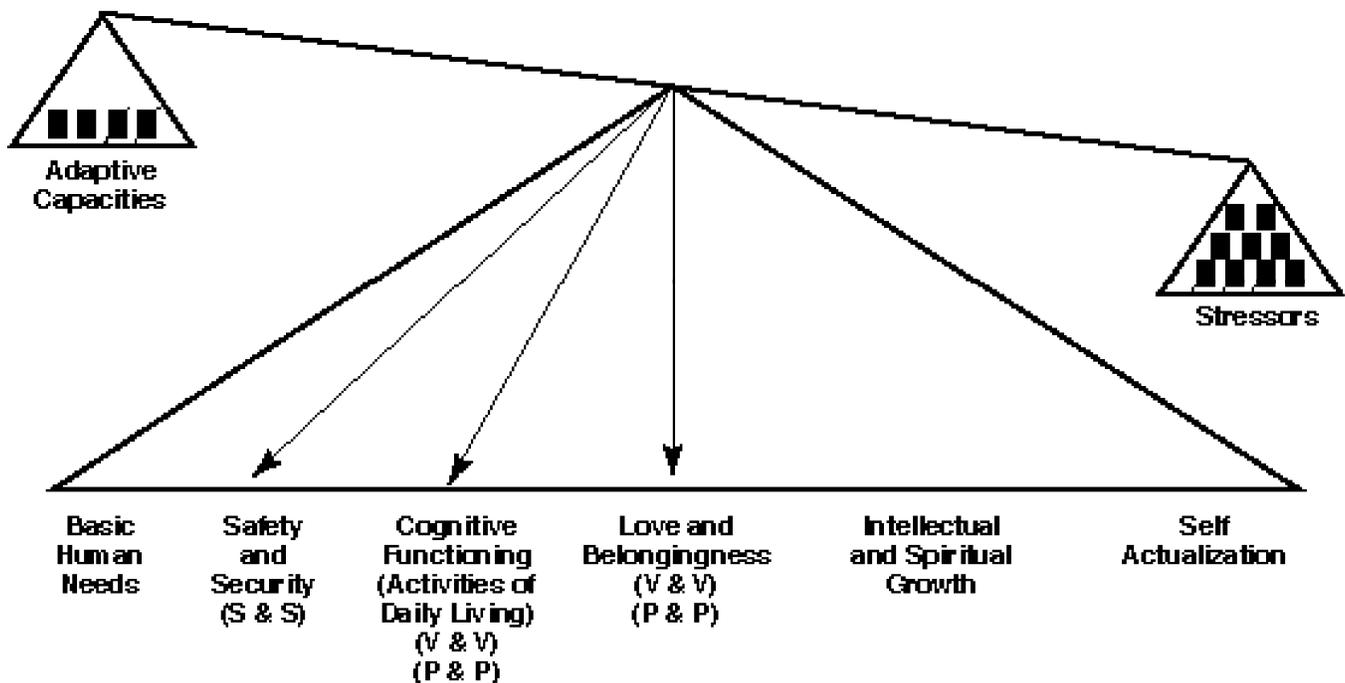
If physical rescue has been accomplished, safety and security issues become concerns for mental and emotional freedom from fears and terrors associated with the event. Establishing parameters of safety aid in reducing the emotional stress of fear and creating defenses against additional intrusions.
  - Ventilation and validation (V & V)

Ventilation and validation refers to the process by which survivors are able to tell the stories of their experience, begin to understand the pattern of trauma reactions, and to recognize the human commonality of that pattern. It reduces the confusion caused by the external traumatic event and begins the process of rebuilding cognitive and emotional adaptive capacities. In group sessions, it also aids in the initiation of social contact and affirmation of community unity.
  - Prediction and preparation (P & P)

This involves education for survivors concerning what may happen in the future and methods of planning for secondary injuries or ongoing emotional reactions. It assists in providing a roadmap towards social functioning.
3. Crisis intervention seeks to reduce acute stress caused by trauma's impact by:
  - restoring the dominance of cognitive functioning over emotional reactions (S & S and V & V)
  - facilitating the restoration of community and social institutions (S & S)
  - facilitating the cognitive understanding of what happened (V & V)

4. Crisis intervention seeks to restore or enhance adaptive capacities by:
- providing opportunities for victims to assess and access community of family support (V & V)
  - providing education on future expectations (P & P)
  - providing opportunities for survivors to cognitively organize and interpret the trauma event (V & V and P & P)
- [See Chart below:]

## Second Response Crisis Intervention



**C. Third response: post-trauma counseling**

1. Post-trauma counseling techniques and the special concerns of spirituality in post-trauma counseling are discussed in Chapters 9 and 10.
2. Post-trauma counseling addresses:

- Education, experience, and energy (E, E, & E)

Education refers to both recalling previous learning and new education on issues associated with the traumatic event. Helping victims remember former experiences of stress or trauma and individual or community coping strategies assists them in building or restoring adaptive capacities. Energy is drawn from restoring physical health and capabilities.

- Rehearsal, reassurance, and referral (R, R, & R)

Mental or physical rehearsal is a process of both organizing the story of what happened as well as preparing for ongoing trauma-related issues. Reassurance is provided by both support from intervenors as well as community or family. Referral is engaged when counselors or advocates identify needs or care that they cannot meet or give and find additional resources for survivors. This aspect of post-trauma counseling continues the process of building cognitive and emotional adaptive capacities and reduces external stressors through additional resources.

- Activism, advocacy, and actualization (A, A & A)

Physical and mental activity continues to address basic needs and may lead to advocacy efforts by or on behalf of survivors. Social advocacy often is an effective way for survivors to address problems that arise due to the traumatic event and its aftermath or factors that contributed to the causation or consequences of the event. Both activism and advocacy help to reconstruct a sense of love and belongingness in community activities as well as to grow

- intellectually. Establishing or re-establishing spiritual connections or develop a sense of meaning surrounding the event can provide the foundation for the ultimate integration of the event into individual or community life including the recognition of hope and transcendence of the event itself. This may become the springboard for self-actualization activities.
3. Post-trauma counseling seeks to reduce acute stress factors through:
    - identification of feelings, reactions and emotions, and cognitive functioning (E, E, & E)
    - assisting survivors in integrating the trauma story into their life story (E, E & E and R, R & R)
    - addressing symptoms of acute stress (E, E, & E and R, R, & R)
  4. Post-trauma counseling seeks to restore or enhance adaptive capacity through:
    - encouraging a healthy lifestyle (E, E & E)
    - assisting survivors in re-establishing daily functioning (E, E, & E and R, R & R)
    - promoting social support systems (R, R, & R and A, A, & A)
    - providing opportunities for intellectual and spiritual growth (A, A & A) [See Chart next page.]

#### **D. Interventions addressing secondary traumas or re-experiences**

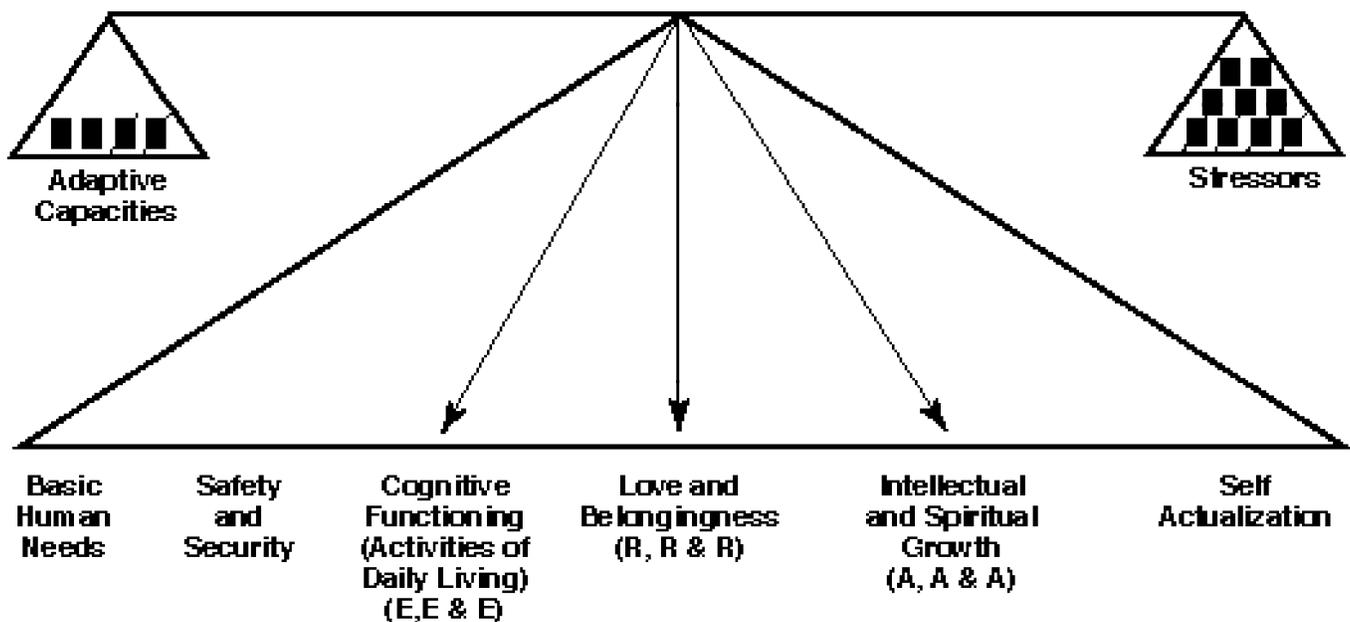
1. Interventions addressing secondary traumas should focus on mitigating or removing the acute external stressors.
2. Interventions addressing re-experiences should focus on addressing acute internal reactions and symptoms as well as building cognitive and emotional adaptive coping capacities.

#### **E. Self-development through survival and growth**

1. The stronger individuals' adaptive capacities are, the more they can concentrate on growth towards self-actualization.

Participant's Notes

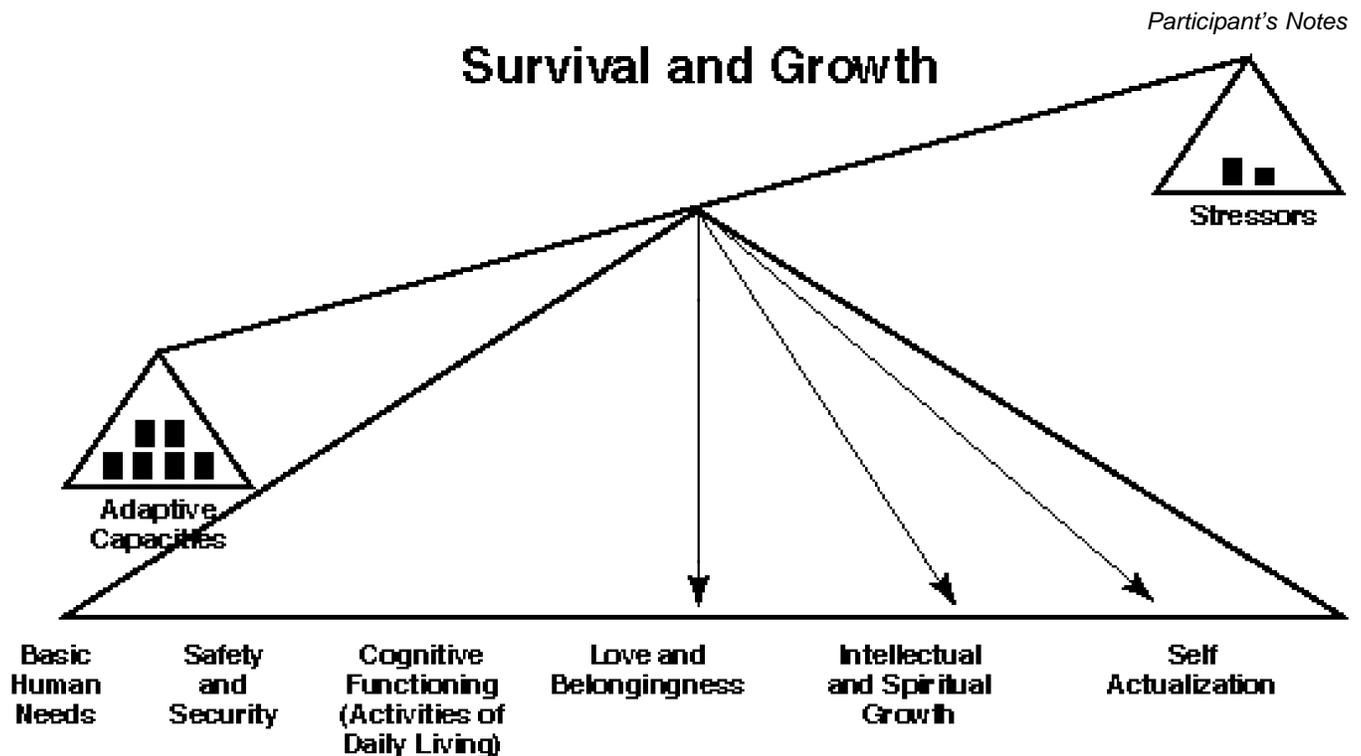
## Third Response Post-Trauma Counseling



2. Mitigation of acute stressors provides for opportunities for improvement of adaptive capacities. [See Chart next page.]

### VII. Implementation of Crisis and Trauma Interventions

The theories of the impact of crisis and trauma as well as the practical descriptions of individual crisis intervention and post-trauma counseling are essential to the understanding of responding to communities in crisis. In Chapter 11, individual crisis intervention is used as a basis for developing protocols for providing interventions to groups within a community that have been exposed to traumatic events. Group crisis intervention provides a means for reaching as many people as possible after a community-wide tragedy. Chapter 12 outlines how NOVA coordinates its volunteers



when responding to a request from a community in crisis. Special attention is paid to managing the media in such events in Chapter 13. This chapter has been more and more important as community disasters increasingly become immediate national news events. Chapter 14 draws from NOVA's experience to provide a brief outline of practical steps that local communities can take to prepare for the possibility of catastrophe and its emotional aftermath.

This manual was originally prepared as a resource text for training workshops conducted by NOVA. For this reason, Chapters 15, 16 and 17 are materials used by training participants to apply the knowledge and techniques described in previous chapters in practical exercises. The three key exercises are a simulation of group crisis intervention, the development of crisis response plans to address various disaster scenarios, and role-playing practice group crisis intervention sessions. Readers of this manual are encouraged to take the training or to spend time doing the ex-

ercises to more fully understand the unity of theory and practice.

The final chapter of the manual is one of the most important because it addresses the impact of responding to trauma on caregivers. It follows the Maslow paradigm in its admonitions concerning reducing external stress factors and developing and maintaining the adaptive capacities of the caregivers themselves.

## **VIII. Conclusion**

The purpose of community crisis response teams is to respond to collective trauma caused by disasters by assisting community members through crisis intervention for groups and individuals, and providing training to community caregivers in ongoing crisis intervention and post-trauma counseling skills. By helping communities reduce acute stress factors caused by the disaster and enhancing adaptive capacities of community members, communities can become stronger and better prepared to deal with future threats of harm and injury.

This overview and accompanying diagrams of trauma's impact and the process of moving towards survival and growth should help community leaders understand the need for interventions as quickly as possible in the aftermath of tragedy and how they can be implemented.